

**Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review
for
Behavior Services**

Domain 2. Individual Planning and Implementation

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

Indicators	Results	Guidance	Comments
*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider completed the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current supports and interventions.</p> <p>A behavior assessment has been completed by a behavior analyst within the authorized timeframe.</p> <p>A Behavior Assessment includes the behaviors identified in the referral, a determination of the function (purpose) of those behaviors, and a description of the behavior services needed, if any (including a description of the Behavior Support Plan).</p> <p>Assessment reports include the date of completion, behavior service provider's signature, title, and DIDD approval status designation.</p> <p>The behavior service provider sent the completed assessment to the ISC or Case Manager.</p> <p><i>Provider Manual Reference: 3.3.a.; 3.5; 3.7.a.; 3.9.; 3.11.d.; 3.12.; 8.9.d.; 12.7</i></p>	
*2.A.5. The plan includes individualized supports and services to address the person's needs.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Behavior interventions are incorporated into a behavior support plan (BSP) to address the person's individualized needs as recorded in the ISP.</p> <p>Behavior Plans are clearly written and user-friendly.</p>	

		<p>Behavior Support Plans include sections titled “What to do to Increase Behavior”, “What to do to Decrease Behavior”, “What Not to Do”, “What to Write Down”, and “Who to Contact for Information.”</p> <p><i>Provider Manual Reference: 3.3.a.; 3.5.; 3.7.a., b.; 3.10.; 3.11.d.; 3.12.; 12.7; 12.8</i></p>	
Outcome 2B. Services and supports are provided according to the person’s plan.			
Indicators	Results	Guidance	Comments
*2.B.2. The person’s plan is implemented in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Services, plans and programs are developed and implemented according to time frames identified in the person’s ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP).</p> <p>Behavior Support Plans are written by a Behavior Analyst.</p> <p>Direct Support Professionals and other caregivers are trained before the Behavior Support Plan is implemented.</p> <p>Informed consent from the service recipient or the service recipient’s guardian/ conservator is procured prior to implementation of all Behavior Support Plans.</p> <p><i>Provider Manual Reference: 3.10.e. 3.12.c. 3.17.b. 12.3.; 12.8; 12.9.</i></p>	
*2.B.3. The person receives services and supports as specified in the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Services are consistently provided in a timely fashion, and in the approved type, amount, frequency, and duration identified in the person’s Individual Support Plan.</p> <p>Discrepancies in approved units versus delivered units are identified and explained. Recommendations are made as needed to reduce discrepancies.</p>	

		<i>Provider Manual Reference: 3.17.; 6.11.; 12.2.; 12.10.</i>	
*2.B.5. Provider documents provision of services and supports in accordance with the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Ongoing documentation shows the provider's efforts to implement services and supports in accordance with the person's plan.</p> <p>Documentation is completed and maintained per DIDD Provider Manual.</p> <p>Contact notes are written for each visit in accordance with the requirements in the DIDD Provider Manual.</p> <p>Each contact note must contain:</p> <ol style="list-style-type: none"> 1. The name of the service recipient; 2. The time the service began and ended; 3. The purpose of the contact, including the ISP action step or outcome addressed; 4. The type of services provided; 5. Any training provided to direct support staff or instruction provided to the service recipient or family; 6. Data collected or reviewed by the behavior service provider to evaluate progress in achieving action steps or outcomes, including assessment of the service recipient's response to implementation of staff instructions and behavior services; 7. The status of any equipment pending approval or delivery 8. Plans for follow-up actions, changes in staff instruction and/or changes in the behavior plan; 9. Units of service used during the contact period; 10. Clinical service practitioner name, credentials and date of contact. <p><i>Provider Manual Reference: 3.17.; 6.11.; 8.9.e.; 12.10.</i></p>	

Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.

Indicators	Results	Guidance	Comments
<p>*2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>DIDD requirements are followed and issues related to delivery of services and implementation of the plan are detected and addressed to resolution.</p> <p>The review provides a summary of the progress in meeting ISP action steps and outcomes.</p> <p>Behavior service reviews include a graphical representation of both the replacement and the challenging behavior(s) targeted for change.</p> <p>Reviews for plans including restraint or protective equipment describe the number of time restraints or protective equipment were used, the service recipient's response, and any actions initiated as a result of the use of such interventions.</p> <p>Discharge summaries are completed in accordance with the requirements in the Provider Manual. Discharge summaries must contain:</p> <ol style="list-style-type: none"> 1. The name of the service recipient being discharged; 2. A summary of the services provided; 3. The status of the service recipient at the time of discharge; 4. Progress in implementing the clinical service plan of care and in completing or meeting ISP action steps and outcomes; 5. Recommendations regarding maintaining status at the time of discharge; 6. Indicators for initiating a new referral for assessment and / or services as applicable / appropriate; 7. The clinical service practitioner's name and credentials with the date the discharge summary was completed; and 8. The effective date of discharge. <p><i>Provider Manual Reference: 3.17.; 3.18.a.; 3.18.b.; 8.9.f.; 8.9.g.;12.10.;12.11.;12.13.g</i></p>	

2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or when there is a need for a periodic review of the ISP, provider staff notify the appropriate persons, provide all needed information and follow the issue to resolution.</p> <p>The provider is responsible for carefully reviewing the final ISP and notifying the ISC of any inaccurate, conflicting or missing information.</p> <p><i>Provider Manual Reference: 3.10.f.; 3.11.d.; 3.15; 3.18.; 3.18.a.; 3.18.b.; 8.9.f.; Chapter 11; 12.10.; 12.11.</i></p>	
Domain 4. Rights, Respect and Dignity			
Outcome 4D. Rights restrictions and restricted interventions are imposed only with due process.			
Indicators	Results	Guidance	Comments
*4.D.3. Rights restrictions and restricted interventions are reviewed and/or approved in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The behavior provider presents a BSP with restricted interventions to the Regional BSC as well as a local or Regional HRC for review and approval.</p> <p>The behavior provider presents a BSP with special individualized interventions to Regional BSC, Statewide BSC, and a local or Regional HRC.</p> <p>No gaps are noted in BSC or HRC approvals. (Expiration dates of the approvals should be noted on the signed approval form).</p> <p>Revisions to the Behavior Support Plan involving the addition of new restricted intervention(s) or increases in the intrusiveness, intensity, or duration of an existing restricted intervention are reviewed and approved by the Regional and/or Statewide Behavior Support Committee as well as Human Rights Committee prior to implementation of the changes.</p>	

		<i>Provider Manual References: 12.9; 12.10.b; 12.14</i>	
Domain 9. Provider Capabilities and Qualifications			
Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.			
Indicators	Results	Guidance	Comments
9.A.3. The provider maintains appropriate records relating to the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider complies with appropriate DIDD requirements related to the person's record.</p> <p>Documentation of training provided by the behavior provider to Direct Support Professionals and/or family members is maintained by the behavior services provider.</p> <p><i>Provider Manual Reference: Chapter 8; 12.9.e, f.</i></p>	
Domain 10: Administrative Authority and Financial Accountability			
Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.			
Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Review of documentation and billing</u> Documentation reviewed supports billing.</p> <p>In the event that services are provided by both a Behavior Analyst and a Behavior Specialist, the following is not billed:</p> <ol style="list-style-type: none"> 1. Behavior Analyst and Behavior Specialist services provided at the same time to the same service recipient 2. Oversight activities by a Behavior Analyst for a Behavior Specialist <p>Activities which are not billed include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Telephone consultations 2. Traveling to and from service sites 3. Services provided in, or while the person is in, a hospital, ICF/MR, Skilled Nursing Facility, local K-12 educational facility or 	

		<p>other federally funded program</p> <p>4. Behavior services which are provided during the same time period as a therapy service, unless there is documentation in the service recipient's record of medical justification for the two services to be provided concurrently.</p> <p><i>Provider Manual Reference: 8.9.e.; 12.2; 12.5; 12.16; 20.6.b.</i></p>	
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